

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 191890066 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	1		/			
5	/		/			
6	8		/			
7	8		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	3		/			
13	/		/			
14	1		/			
15	8		/			
16	8		/			
17						
18						
19	/		/			
20	1		/			
21	1		/			
22	62		/			
23	44		/			
24	10		/			
25						
26						
27	2		/			
28	/		/			
29	8		/			
30	1		/			
31						
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36	1		/			
37	1		/			
38	8		/			
39	8		/			
40	8		/			
41						
42						
43	2		/			
44						
45	2		/			
46						
47						
48						
49						
50						
TOTAL IND.			18			
TOTAL DEP.			53			
TOTAL CLAIMS			71			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS